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10-22
PATENT
Attorney Docket No.: 012553-007410US

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On Oct. 8, 2003

TOWNSEND and TOWNSEND and CREW LLP

By: Connie Lamo

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OCT 21 2003
TECHNOLOGY CENTER R3700

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Idriss Mansouri-Ruiz

Application No.: 09/970,314

Filed: October 2, 2001

For: AUTOMATIC/MANUAL LONGITUDINAL
POSITION TRANSLATOR AND ROTARY
DRIVE SYSTEM FOR CATHETERS

Customer No.: 20350

Confirmation No.: 3287

Examiner:

Technology Center/Art Unit:

RESPONSE TO RESTRICTION REQUIREMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is in response to the Office Action mailed October 3, 2003. In the Office Action, the claims were restricted to claims 1-9 or to claim 33. Accordingly, Applicant hereby elects the claims of Group I, i.e., claims 1-9. This election is made without traverse.

Respectfully submitted,

Darin J. Gibby
Reg. No. 38,464

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/970,314
		Filing Date	October 2, 2001
		First Named Inventor	Idriss Mansouri-Ruiz
		Art Unit	
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	012553-007410US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Townsend and Townsend and Crew LLP Darin J. Gibby Reg. No. 38,464
Signature	
Date	October 8, 2003

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	Connie Larson		
Signature		Date	October 8, 2003